

## **PATIENT BILL OF RIGHTS**

Updated November 2017

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- You have the right to be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.
- You have the right to be told the names of your providers and all health care team members directing and/or providing your care.
- You have the right to have someone remain with you for emotional support during your hospital stay, unless your visitor's presence compromises your or others' rights, safety or health. You have the right to deny visitation at any time.
- You have the right to be told by your provider about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
- You, your family, and friends with your permission, have the right to participate in decisions about your care, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the clinic against the advice of your provider, the clinic and providers will not be responsible for any medical consequences that may occur.
- You have the right to be involved in your discharge plan. Before your discharge, you can expect to receive information about follow-up care that you may need.
- You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the office manager.
- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your provider or the office manager. You may also contact the office manager at 480-633-1111 or email [manager@allkidsurgentcare.com](mailto:manager@allkidsurgentcare.com). If your concern is not resolved to your liking, you may ask that your concern be relayed to the practice owners.